

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF U.S.		COURT CASE NUMBER 4:15-CR-004	
DEFENDANT Justin Johnson		TYPE OF PROCESS Final Disposition	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SCRANTON		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 PER DEPUTY CLERK Number of parties to be served in this case Check for service on U.S.A.	
James T. Clancy United States Attorney's Office P.O. Box 11754 Harrisburg, PA 17108-1754			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please process final disposition as referenced in the language of the final order of forfeiture. CATS ID 15-FBI-001633. (The judgment that this payment is linked to is 15-FBI-001632).

Signature of Attorney other Originator requesting service on behalf of: <i>James T. Clancy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 717-221-4482	DATE 3/26/15
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk <i>James T. Clancy</i>	Date 3/30/15
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 3/30/15 Time 1100 <input type="checkbox"/> am. <input type="checkbox"/> pm. Signature of U.S. Marshal or Deputy <i>James T. Clancy</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					20.15

REMARKS:

Trans. to AFF-RECEIPT-001 D.B.M.

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00